



State Form
52038
R2/5-06

Indiana Department of Revenue

BC-100

TID Number: _____

FID Number: _____

Tax Type: ☐ Sales ☐ Withholding ☐ Other _____
(Please List)

Owner Name: _____

Social Security Number: _____

Corporation Name: _____

Address: _____

Telephone Number: (____) _____

I / We certify that I / we have been out of business or no longer required to be registered for the above indicated tax type, from this date ____/____/____.

I / We further certify no sales or withholdings have been collected since the above date.

I / We may also be responsible for all liabilities or not filed returns proven to be owned at a later date.

Printed Name Title Date

Signature

Note: This agency is requesting this disclosure of your social security number in accordance with IC 4-1-8-1. Disclosure is voluntary and you will not be penalized for refusal.

Questions regarding the completion of this form may be directed to the Indiana Department of Revenue at (317) 615-2697.

Mail the completed form to: Indiana Department of Revenue
System Services
P.O. Box 6197
Indianapolis, IN 46206-6197